Transportation

HETZEL CARE CENTER, INC.

P.O. BOX 227

BLOOMER 54724 Phone: (715) 568-2503 Ownership: Corporation ys of Operation: 365 Highest Level License: Skill tal? No Operate in Conjunction with CBRF? No (12/31/02): 31 Title 18 (Medicare) Certified? Yes 1/02): 31 Title 19 (Medicaid) Certified? Yes 29 Average Daily Census: 29 Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/02): 31 Total Licensed Bed Capacity (12/31/02): 31 Number of Residents on 12/31/02: \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Supp. Home Care-Household Services No | Developmental Disabilities 3.4 | Under 65 0.0 | More Than 4 Years Day Services Yes| Mental Illness (Org./Psy) 48.3 | 65 - 74 3.4 | Yes| Mental Illness (Org./Psy) 48.3 | 65 - 74 Respite Care Adult Day Care Respite Care No | Para-, Quadra-, Hemiplegic 10.3 | 95 & Over Adult Day Health Care Congregate Meals No | Cancer No | Fractures Home Delivered Meals No | Cardiovascular Other Meals

Referral Service

No | Diabetes

Other Services

Yes| Respiratory

Provide Day Programming for

Mentally Ill

No | No | No | No |

Developmentally Disabled

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No \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Method of Reimbursement

No | Cerebrovascular No | Diabetes

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care		l 							
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	237	18	94.7	111	0	0.0	0	5	71.4	125	0	0.0	0	0	0.0	0	26	89.7
Intermediate				1	5.3	92	0	0.0	0	2	28.6	116	0	0.0	0	0	0.0	0	3	10.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Ing	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		19	100.0		0	0.0		7	100.0		0	0.0		0	0.0		29	100.0

HETZEL CARE CENTER, INC.

********	*****	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****				
Admissions, Discharges, and	1	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									
Deaths During Reporting Period	1										
					% Needing		Total				
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of				
Private Home/No Home Health	23.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	9.5	Bathing	0.0		86.2	13.8	29				
Other Nursing Homes	19.0	Dressing	10.3		79.3	10.3	29				
Acute Care Hospitals	47.6	Transferring	34.5		62.1	3.4	29				
Psych. HospMR/DD Facilities	0.0	Toilet Use	27.6		65.5	6.9	29				
Rehabilitation Hospitals	0.0	Eating	69.0		24.1	6.9	29				
Other Locations	0.0	* * * * * * * * * * * * * * * * * * * *	*****	****	*****	* * * * * * * * * * * * * * * * * * * *	*****				
Total Number of Admissions	21	Continence		용	Special Trea	tments	8				
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	0.0	Receiving	Respiratory Care	17.2				
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	t of Bladder	44.8	Receiving	Tracheostomy Care	0.0				
Private Home/With Home Health	4.8	Occ/Freq. Incontinent	t of Bowel	24.1	Receiving	Suctioning	0.0				
Other Nursing Homes	9.5				Receiving	Ostomy Care	0.0				
Acute Care Hospitals	19.0	Mobility			Receiving	Tube Feeding	3.4				
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	13.8	Receiving	Mechanically Altered Diets	s 41.4				
Rehabilitation Hospitals	4.8										
Other Locations	9.5	Skin Care			Other Reside	nt Characteristics					
Deaths	52.4	With Pressure Sores		0.0	Have Advan	ce Directives	82.8				
Total Number of Discharges	1	With Rashes		0.0	Medications						
(Including Deaths)	21				Receiving	Psychoactive Drugs	51.7				

\*

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Ownership:			Bed Size:		Licensure:			
	This	Prop	prietary	Und	er 50	Skilled		All		
	Facility	ty Peer Group		Peer Group		Peer Group		Facilities		
	olo	olo	Ratio	olo	Ratio	용	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	93.5	84.7	1.10	84.3	1.11	85.3	1.10	85.1	1.10	
Current Residents from In-County	82.8	81.6	1.01	74.1	1.12	81.5	1.02	76.6	1.08	
Admissions from In-County, Still Residing	38.1	17.8	2.15	26.0	1.46	20.4	1.87	20.3	1.88	
Admissions/Average Daily Census	72.4	184.4	0.39	97.7	0.74	146.1	0.50	133.4	0.54	
Discharges/Average Daily Census	72.4	183.9	0.39	97.5	0.74	147.5	0.49	135.3	0.54	
Discharges To Private Residence/Average Daily Census	3.4	84.7	0.04	33.1	0.10	63.3	0.05	56.6	0.06	
Residents Receiving Skilled Care	89.7	93.2	0.96	94.6	0.95	92.4	0.97	86.3	1.04	
Residents Aged 65 and Older	100	92.7	1.08	98.3	1.02	92.0	1.09	87.7	1.14	
Title 19 (Medicaid) Funded Residents	65.5	62.8	1.04	57.5	1.14	63.6	1.03	67.5	0.97	
Private Pay Funded Residents	24.1	21.6	1.12	36.6	0.66	24.0	1.01	21.0	1.15	
Developmentally Disabled Residents	3.4	0.8	4.32	0.8	4.08	1.2	2.92	7.1	0.49	
Mentally Ill Residents	48.3	29.3	1.65	34.4	1.40	36.2	1.33	33.3	1.45	
General Medical Service Residents	6.9	24.7	0.28	17.7	0.39	22.5	0.31	20.5	0.34	
Impaired ADL (Mean)	41.4	48.5	0.85	49.4	0.84	49.3	0.84	49.3	0.84	
Psychological Problems	51.7	52.3	0.99	50.4	1.03	54.7	0.95	54.0	0.96	
Nursing Care Required (Mean)	7.8	6.8	1.15	7.2	1.07	6.7	1.15	7.2	1.08	